

AGING HORIZONS

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AGING PERSPECTIVES

Charlie Rehbein, Aging Coordinator

At the request of the 1993 Legislature, the Legislative Auditor examined inefficiencies in the provision of services to the elderly by state government agencies and produced a report that made recommendations concerning possible legislation to address and alleviate future problems. Their 1994 report concluded that "problems associated with the aged can realistically only be expected to grow in the foreseeable future, proportionate to the expanding aging population. If funding continues at the present level or decreases, a corresponding reduction in the number of elders served or a reduction in programs will result. Given the present federal fiscal situation, it is logical to conclude that the bulk of the burden of providing additional or increased elder services will most likely fall on the state."

The 2004 State of Aging in Montana report looked back over the intervening 10 years since the report at demographic, health and economic factors affecting the provision of

aging services, examines how aging services are faring today and looks forward to some trends on the horizon. Some of the major findings include:

- While funding has been going up for Aging Services, the cost of providing services has also been increasing. Utility costs, food costs, insurance, gas to run buses and salaries are among the major increases affecting aging services over the 10 year period.
- Over the last 10 years, total funding for aging services has increased from \$9.89 million in 1994 to \$15.60 million in 2004, a 57.7% overall increase.
- Aging meal programs (congregate meals and home delivered meals) are the largest service offered by the Aging Network. They account for about 50% of all aging funding. The cost of producing meals has increased every year over the 10 year

I	2005 Aging Mini Grants _____	2
N	2005 Legislative Update _____	3
S	New Aging Services Staff _____	5
S	Still Time to Receive Medicare Drug Credit _____	6
I	Senior Center/Nutrition Corner _____	7
I	New Attorney/Paralegal Program _____	11
D	New Blind and Low Vision Project _____	12
D	Diabetes and your Vision _____	13
E	Elderly Care Tax Credit _____	14
E	In the Ombudsman Spotlight _____	15
	Alzheimer's Spring Conference _____	15
	Montana Gerontology Society Conference _____	15

AGING HORIZONS

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period. While voluntary contributions have generally increased each year, they are not keeping up with the increase in the actual costs to produce meals.

- Total number of meals served was fairly consistent throughout the 1980's. Since 1994, the overall number of meal services has declined by 5.6%. Congregate meals decreased by 11.9% in the last 10 years, while home delivered meals increased by 7.4% during the same time period.
- Federal funding through Title III of the Older Americans Act has increased over the 10 year period by \$1.42 million. The majority of this increase came with the establishment of the National Family Caregiver Support Program (NFCSP). The NFCSP represented the first major expansion of the Older Americans Act since in 1972. NFCSP increases began in 2001 and have continued annually since then.
- State general funds have been relatively constant. The majority of increase in State general funds occurred in 1999 and 2000. Increases in those years came from provider rate increases and wage increases for direct care workers.
- County or local funds account for the largest increase in funding. Over the 10 year period, these funds have increased by \$2.41 million. In the absence of increases in other funding sources, local governments have increased their funding to try to maintain current service levels. Some counties have also passed specific mil levies to fund aging services.

To obtain copies of the full report, contact: Charlie Rehbein at 1-800-332-2272



2005 MINI-GRANT APPLICATION

The Community Achievement award will again be a mini-grant program this year to help facilitate up front funding of innovative ideas that serve the interests of the community's seniors. The one time mini-grant funding ranges from \$300 to \$1,000.

The grants can be awarded for: training and education; developing support services; to further develop on-going services; or to meet a specific need or the unmet needs of seniors in the community.

Grants may be used for a full range of services needed by Montana's seniors including, services for seniors, caregiving,

caregivers and grandparenting. They should reflect a public/private sector partnership, benefit seniors in your area and exhibit a collaboration with the Aging Network. We are particularly looking for "best practices" that can be replicated in other areas.

Winners will be asked to prepare a report on their successes for the 2006 Governor's Conference on Aging. These grants are supported in part by the Committee to Preserve Social Security and Medicare.

Applications will be mailed out soon to all Area Agencies and senior Centers.

Applications must be received by April 25th 2005.

For more information or to receive an application, contact: Brian LaMoure at 1-800-332-2272 or blamoure@mt.gov



2005 LEGISLATIVE UPDATE

The Legislature is in its second month of activity. As always, Legislators stay very busy trying to complete all their duties within the 90-day session time limit.

Budget hearings on the Senior and Long Term Care Division programs took place during the first week of February before the Joint Appropriations Subcommittee on Health and Human Services. No action has been taken to date. A number of issues pertaining to aging have been heard to date and are outlined below.

The following is an overview of ways that you can get information about the 2005 legislative session and contact your legislators about issues of concern to you.

WEB ACCESS

The legislature has developed an extensive website where people can access just about anything that the Legislature does. This includes names and contact information for all legislators, a daily calendar of all legislative events, committee minutes, and complete information on all bills introduced into the Legislature so people can track a bill's progress through the entire legislative process.

You can also access information about past legislatures and the complete Montana Codes Annotated at the site.

The Legislative Branch home page address is <http://leg.state.mt.us>. The address is the main access to the Legislature's website. All other portions of the legislative website can be accessed from this address.

To send a general message or a message about a specific bill to your Legislator by using the Legislative Branch online message form at <http://leg.state.mt.us/css/sessions/59th/legwebmessage.asp>



PHONE ACCESS

For legislative information, or to leave a message for a legislator call:

(406)444-4800

Hours: 8 AM to 5 PM (M-F)
8 AM to adjournment on Saturday.



POSTAL MAIL

Representative
Montana House of Representatives
PO Box 200400
Helena, MT 59620-0400

Senator
Montana Senate
PO Box 200500
Helena, MT 59620-0500



FAX

House FAX number: (406)444-4825.
Senate FAX number: (406)444-4875

LEGISLATIVE BILLS DEALING WITH ELDER ISSUES

HB117 Tom McGillivray Seek waivers of federal law concerning ineligibility for Medicaid long-term care for asset transfer look-back and penalty periods.

Tabled in House Human Services

HB196 Joey Jaynes Delineating the fiduciary responsibility of an agent to a principal in the statutory form power of attorney and stipulating that the agent works exclusively for the benefit of the principal.

Passed House sent to Senate

HB197 Joey Jaynes Increase elder abuse penalties, making it a felony to purposely or knowingly abuse, sexually abuse, or neglect an older person or a person with a developmental disability.

Passed House sent to Senate

HB221 William Jones To limit the valuation of an owner-occupied principal dwelling owned by a taxpayer who is at least 65 years of age for property tax.

Tabled in House Taxation

HB254 Christopher Harris Civil penalty for not writing legible prescriptions.

Passed House sent to Senate

HB364 Rick Maedje Facilitate mail-order purchase of prescription drugs from Canada and providing that DPHHS allow pharmacies to participate in bulk purchasing.

Referred to House Business and Labor

HB411 Jack Wells Clarify allocation of tobacco funds to Veteran's nursing homes.

Passed House sent to Senate

HB526 Scott Mendenhall Require the provision of life-sustaining treatment as well as the withholding or withdrawal of life-sustaining treatment in Living Wills.

Tabled in House Judiciary

SB1 Trudi Schmidt Providing for an indication on a driver's license that a licensee has executed a living will declaration

Passed Senate sent to House

SB112 Dan Harrington Authorizing a full guardian to petition for a dissolution of marriage or a legal separation on behalf of the ward.

Passed Senate sent to House

SB150 Bob Keenan Require recipients of community-based Medicaid services to share in the cost of services based on their ability to pay.

Passed Senate sent to House

SB 324 Jon Tester Providing for prescription drug access and information; providing for a state pharmacy access program to complement the federal Medicare Part D program; providing for a prescription drug consumer information and technical assistance program and education outreach for consumers and professionals; amending the prescription drug expansion program as a state pharmacy discount program.

Referred to Senate Public Health, Welfare and Safety

SB332 Don Ryan Imposing an excise tax on soft drinks paid for by soft drink bottlers and importers and providing that the collections of the tax be used to fund services for older Montanans, scholarships at units of the university system and community colleges, and the Older Americans Trust Fund.

Hearing held in Senate Taxation

SB446 Trudi Schmidt Providing for the formation and operation of family councils in nursing homes.

Referred to Senate Public Health, Welfare and Safety

For more information: visit the Montana State Legislature website at <http://www.leg.state.mt.us>

NEW AGING SERVICES STAFF

In December, newly-employed Willmetta "Billie" Cooper's smile beamed as she was interviewed on the Aging Horizons TV show. Cooper, 77, was showcased as a successful participant of Experience Works' Senior Community Services Employment Program (SCSEP). She had recently completed her job skills training assignment and was hired by the State Aging Services Bureau. It was obvious to Host Brian LaMoure that he was interviewing a very happy lady. He asked her if the challenge of learning new office technologies had been difficult for her. Billie's smile grew brighter and she quickly responded, "Well, office machinery sure has changed since I started in the work world, but it wasn't as difficult to learn as I thought it would be. I find it all so exciting!"

Billie Cooper is an active senior who was raised with a strong work ethic. She proudly claims her mother's family came over on the Mayflower from England and that her father's family goes back to 1607 in Jamestown. Billie, however, was raised on a dairy farm in Idaho. She and her six siblings grew up milking cows, raising pigs and cultivating potatoes through the Great Depression. Looking toward her future, in 1945, Billie attended night classes and a correspondence school, taking courses in journalism, commercial art, and advertising. She began her working career printing and publishing, doing layout, proofreading, bookkeeping, and advertising sales. She also learned to operate modern machinery of that time - the addressograph and the offset press.

Billie married and with her husband, a career military man, raised three sons who gifted them with 10 grandchildren. Billie's husband was both a WWII and Korean War veteran with 15 years in service to his credit. Although her husband died in 1998, Billie continued her volunteer work as Trustee for East Helena VFW Auxiliary. She also became Chairman for the VFW National

Home for Children, also known as the Montana Farmstead Home, dedicated for military children or spouses who have lost their husband or wife in the military. She volunteers at the Ft. Harrison Veteran's Medical Center, and is active in her church as a visiting teacher and church librarian.

After her husband died, Billie wanted and needed to work. She had several friends who had benefited from SCSEP programs over the years, but it wasn't until she saw the Experience Works poster at her local Senior Center that she realized *she* could benefit from updating her job skills.



As a SCSEP participant, Billie completed three community service job skills training assignments, each adding to her skills and enhancing her resume. Her first assignment was with Montana State Regional Librarian's office and Volunteers Coordinator's office. Here she typed correspondence, learned multi-line phones and how to use the photocopier. She then transferred to the Social Security Administration where she learned to copy legal briefs for attorneys, increased her computer knowledge by learning a special data program used in checking benefits to determine if claimants are eligible for fuel assistance. She then

moved to a new job training site at the State Aging Services Bureau. There, she honed her written and verbal communications skills. She learned how to maintain resource files system, update a variety of information on the computer. She increased her organizational skills and computer skills. She demonstrated the ability to complete tasks without direct supervision.

Billie was highly respected at each of these host sites. Her gentle and positive approach to her assignments made her well liked by all she came in contact with. Her supervisors were always sorry to see her move on to another assignment for additional training as she was a valued contribution to their operation. She was always on time at her training site and rarely missed a day. She took her assignments serious and always continued her employment search. She kept a log of all her contacts in her employment search and continued to upgrade her skills outside of the host agency assignment by going to the job service to improve her keyboarding skills, taking a

monthly speed test, and utilizing the job service for tutorials and job contacts.

As Billie Cooper often says, she expects the best from herself, wants always to do a good job, enjoys learning new things. Her hard work paid off with the offer and acceptance of a Clerical Assistant job at Montana DPHHS Aging Services Bureau in November 2004. She received a pay increase to \$8.89/hour, as well as a paid vacation and paid holidays.

Back in the TV studio, Billie was excited to share her news of the new job with the "Aging Horizons" audience. "I hadn't been in the work force for over 10 years and needed to bring my skills up to the 21st Century. Had I not been in an office environment through the community service, I wouldn't have learned the skills I needed. I had very limited computer skills, but Experience Works provided the opportunity to learn them, and build my self-confidence through different assignments. It helped me become more proficient ... and employed."

For more information, contact: Experience Works, Inc. at 1-800-584-9161 or visit our website <http://www.experienceworks.org/>



STILL TIME TO RECEIVE MEDICARE DRUG CREDIT

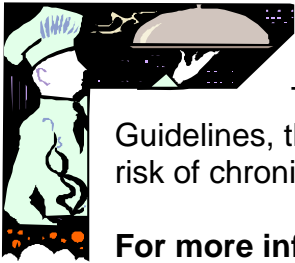
"Montana Medicare beneficiaries still have time to sign up for a Medicare Approved Drug Discount Card and if they meet the income standard, they can get the full \$600 credit for 2005. But they must be enrolled before March 15, 2005," said Kimme Evermann, Director of the Montana State Health Insurance and Assistance Program. Any Medicare beneficiary, who does not receive prescription drug coverage through

Medicaid or other insurance, is eligible for a Medicare-Approved Drug Discount Card.

To be eligible for the \$600 credit during 2005, a Medicare beneficiaries must meet the following annual income criteria:

- \$12,569 for an individual or
- \$16,862 for a married couple

For more information, contact: your local Area Agency on Aging at 1-800-551-3191 or the state Office on Aging at 1-800-332-2272.



NUTRITION AND HEALTH CORNER

This month's Corner provided a first look at the new 2005 federal Dietary Guidelines, the federal government's science-based advice to promote health and reduce risk of chronic diseases. More on this topic will follow.

For more info, contact: Marni Stevens at 868-3874 or Doug Blakley at 1-800-332-2272

DIETARY SUPPLEMENTS USAGE BY OLDER ADULTS

The use of dietary supplements by older adults as well as by the general population has steadily increased over the years. A recent study by the Aging and Genetics Epidemiology Program at the University of New Mexico identified the most common supplements and some potential concerns.

Multiple surveys have confirmed that many people fail to inform their health care provider of their use of dietary supplements. One may not be aware of their consumption of dietary supplements as they can be added to multivitamins or other supplements. This raises concern over potential interactions with prescription medications that are being taken along with the supplements.

The most common supplements that are currently being taken are garlic and ginkgo biloba. The purported use of garlic is for high cholesterol, high blood pressure, cancer and infection. Ginkgo biloba is taken for memory and concentration, Alzheimer's disease, dementia, and peripheral vascular disease. Both garlic and ginkgo have blood-thinning properties and have been reported to have interactions with prescription blood thinners like warfarin or coumadin.

As dietary supplement usage increases, it is extremely important to report the use of all prescription, over-the-counter medications and supplements to your doctor.

EATING FOR A HEALTHY HEART

What is the number one killer of Americans? **Heart Disease.** You can lower your chances of getting heart disease by choosing foods carefully. A heart healthy diet is low in fat, low in sodium and high in fiber. Consider the following tips for a healthier diet.

- **Eat less fat** Choose low-fat dairy products such as skim or 1-% milk, low-fat cheeses, cottage cheese and yogurt. Choose lean cuts of meat such as "round" or "loin," trim the fat off of meat, and remove the skin from chicken. The best cooking methods include grilling, baking, or broiling rather than frying. Choose olive or canola oil over palm, corn, vegetable and coconut oils.

- **Eat less salt** Limit your intake of cured, smoked, or canned meats and packaged or processed foods. Eat sodium-reduced canned broths, soups or frozen dinners.
- **Eat more fiber** Eat fruits, vegetables and whole grains to everyday. Legumes and lentils are packed with fiber and are high in protein. Look for foods that are labeled as high-fiber or more or added fiber.

Another secret ingredient in the fight against heart disease is regular daily activity. One sure way to increase the "good" HDL cholesterol is daily exercise. Schedule a daily session of exercise such as walking, swimming, or yoga. The key is to eat a little less and move a little more!

NEW FEDERAL DIETARY GUIDELINES

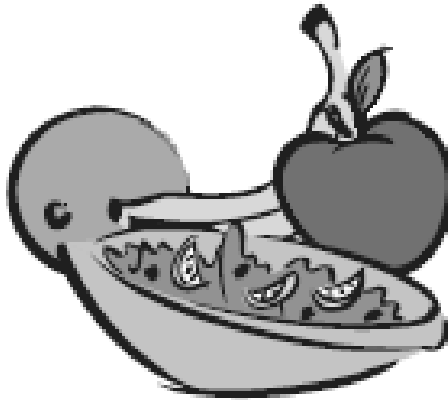
Earlier this year, the federal government released the *Dietary Guidelines for Americans 2005*, the federal government's science-based advice to promote health and reduce risk of chronic diseases through nutrition and physical activity. Promoting good dietary habits is key to reducing the growing problems of obesity and physical inactivity, and to gaining the health benefits that come from a nutritionally balanced diet. Major causes of morbidity and mortality in the United States are related to poor diet and a sedentary lifestyle. Some specific diseases linked to poor diet and physical inactivity include cardiovascular disease, type 2 diabetes, hypertension, osteoporosis, and certain cancers.

Federal law requires a review of the dietary guidelines every five years. It is the basis of federal food programs and nutrition education programs and supports the nutrition and physical fitness pillars of President Bush's *HealthierUS* Initiative. The guidelines include action steps to reach achievable goals in weight control, stronger muscles and bones, and balanced nutrition to help prevent chronic diseases such as heart disease, diabetes and some cancers.

Eating a healthy balance of nutritious foods continues as a central point in the *Dietary Guidelines*, but balancing nutrients is not enough for health. Total calories also count, especially as more Americans are gaining weight. Because almost two-thirds of Americans are overweight or obese, and more than half get too little physical activity, the 2005 *Dietary Guidelines* place a stronger emphasis on calorie control and physical activity.

A basic premise of the *Dietary Guidelines* is that nutrient needs should be met primarily through consuming foods. Foods provide an array of nutrients and other compounds that may have beneficial effects on health. In certain cases, fortified foods and dietary supplements may be useful sources of one

or more nutrients that otherwise might be consumed in less than recommended amounts. However, dietary supplements, while recommended in some cases, cannot replace a healthful diet.



The report recommendations are grouped into nine general

topics. Highlights from each group appear on the following page. The groups are:

- Adequate Nutrients Within Calorie Needs
- Weight Management
- Physical Activity
- Food Groups to Encourage
- Fats
- Carbohydrates
- Sodium and Potassium
- Alcoholic Beverages
- Food Safety

The *Dietary Guidelines* provide health education experts, such as doctors and nutritionists, with a compilation of the latest science-based recommendations. Consumer-friendly materials such as brochures and websites have been developed to help the general public in understanding the scientific language of the 2005 *Dietary Guidelines* and the key points that they can apply in their lives.

For more information, visit: www.healthierus.gov/dietaryguidelines.

KEY RECOMMENDATIONS FROM THE DIETARY GUIDELINES

- **ADEQUATE NUTRIENTS WITHIN CALORIE NEEDS**

Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt, and alcohol.

- **WEIGHT MANAGEMENT**

To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended. To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.

- **PHYSICAL ACTIVITY**

Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight. To reduce the risk of chronic disease in adulthood, engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, on most days of the week. Achieve physical fitness by including resistance exercises or calisthenics for muscle strength and endurance, cardiovascular conditioning, and stretching exercises for flexibility.



- **FOOD GROUPS TO ENCOURAGE**

Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2½ cups of vegetables per day are recommended for a reference 2,000-calorie intake. Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week. Consume 3 or more ounce-equivalents of whole-grain products per day. Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

- **FATS**

Consume less than 10 % of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans fatty acid consumption as low as possible. Keep total fat intake between 20 - 35 % of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.

- **CARBOHYDRATES**

Choose fiber-rich fruits, vegetables, and whole grains often. Choose and prepare foods and beverages with little added sugars or caloric sweeteners.

- **SODIUM AND POTASSIUM**

Consume less than 2,300 mg (approximately 1 teaspoon of salt) of sodium per day. Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

- **ALCOHOLIC BEVERAGES**

Those who choose to drink alcoholic beverages should do so sensibly and in moderation - up to one drink per day for women and up to two drinks per day for men.

- **FOOD SAFETY**

To avoid microbial food borne illness: clean hands, food contact surfaces, and fruits and vegetables. Meat and poultry should not be washed or rinsed. Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing foods. Cook foods to a safe temperature to kill microorganisms. Chill (refrigerate) perishable food promptly and defrost foods properly. Avoid raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts.

TIPS FOR IMPLEMENTING THE NEW GUIDELINES

Mix up choices in each food group

- **Focus on fruits:** Eat a variety of fruits - whether fresh, frozen, canned, or dried - rather than fruit juice for most of your fruit choices. For a 2,000-calorie diet, you will need 2 cups of fruit each day (for example, 1 small banana, 1 large orange, and 1/4 cup of dried apricots or peaches).
- **Vary your veggies:** Eat more dark green veggies, such as broccoli, kale, and other dark leafy greens; orange veggies, such as carrots, sweet potatoes, pumpkin, and winter squash; and beans and peas, such as pinto, kidney, black, or garbanzo beans, split peas, and lentils.
- **Get your calcium-rich foods:** Get 3 cups of low-fat or fat-free milk - or an equivalent amount of low-fat yogurt and/or low-fat cheese (1½ ounces of cheese equals 1 cup of milk) - every day. If you don't or can't consume milk, choose lactose-free milk products and/or calcium-fortified foods and beverages.
- **Make half your grains whole:** Eat at least 3 ounces of whole-grain cereals, breads, rice, or pasta every day. One ounce is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice or pasta. Make sure grains such as wheat, rice, oats, or corn are listed as "whole" in the list of ingredients.
- **Go lean with protein:** Choose lean meats and poultry. Bake it, broil it, or grill it. And vary your protein choices - with more fish, beans, peas, nuts, and seeds.

If you eat 100 more food calories a day than you burn, you'll gain about 1 pound in a month.

Find your balance between food and physical activity

Becoming a healthier you isn't just about eating healthy - it's also about physical activity. Regular physical activity is important for your overall health and fitness. It also helps you control body weight by balancing

the calories you take in as food with the calories you expend each day. Be physically active for at least 30 minutes most days of the week. About 60 minutes a day may be needed to prevent weight gain. Consider this: That's about 10 pounds in a year. The bottom line is that to lose weight, it's important to reduce calories **and** increase physical activity.

Get the most out of calories

- **Make your calories count:** Look at the calories on the food labels and compare them with what nutrients you are also getting to decide whether the food is worth eating. When one serving of a single food item has over 400 calories per serving, it is high in calories.
- **Don't sugarcoat it:** Since sugars add calories with few, if any, nutrients, look for foods and beverages low in added sugars. Read the ingredient list and make sure that added sugars are not one of the first few ingredients. Some names for added sugars include sucrose, glucose, high fructose corn syrup, corn syrup, and fructose.
- **Know your fats:** Look for foods low in saturated fats, trans fats, and cholesterol to help reduce the risk of heart disease (5% Daily Value (DV) or less is low, 20% DV or more is high). Most of the fats you eat should be polyunsaturated and monounsaturated fats. Keep total fat intake between 20% to 35% of calories.
- **Reduce sodium, increase potassium:** Research shows that eating less than 2,300 milligrams of sodium (about 1 tsp of salt) per day may reduce the risk of high blood pressure. Most of the sodium people eat comes from processed foods, not from the saltshaker. Look for foods high in potassium - it counteracts some of sodium's effects on blood pressure.

NEW ATTORNEY/PARALEGAL PROGRAM

In November 2004 John McCrea was assigned the position as the Legal Services Developer for Aging Services Bureau. As the former State Ombudsman and State Information & Assistance Coordinator, John was interested in providing legal support for persons sixty and older in Montana. John inquired if there was a need to provide legal support for the Area Agency staff representing the Ombudsman program, Information & Assistance Program and State Health Insurance Program to address intake calls at the local level.

During the spring of 2004 and concluding in the fall, John discussed the idea of an attorney/paralegal program with agency staff and Aging Services Bureau staff. The response was very positive.

The new attorney/paralegal program will provide advice, complete research and may assist in drafting and filing documents, provide training to Area Agency staff, assist in developing a legal track at the Governor's Conference on Aging, and assist in developing legal materials to assist Area Agency staff and persons sixty and older.

Under the new program, Areas II, III, IV, V, and X will receive legal support regarding elder law issues. The five Area Agencies and the Legal Service Developer program are contracting with an attorney (Lou Villemez) and a paralegal (Tammie Fagan) to provide services. The program cannot provide legal representation or represent a person in court.

Program attorney, **Lou Villemez** graduated from the University of California at Santa Cruz with a B.A. in Legal Studies and a B.A.

in Political Science in 1985. He attended Georgetown University Law Center in 1993 and received his license to practice law in the State of Virginia following graduation.

Lou obtained his license to practice law in the District of Columbia in 1994, and worked as a staff attorney with Rappahannock Legal Services in Fredericksburg, Virginia from 1994 to 2000. In 2000, he moved to Cut Bank, Montana to work as the Managing Attorney for the Montana Legal Services Association branch office in Browning and Cut Bank.



Tammie Fagan is the senior paralegal at the Keil Law Firm, P.C. in Conrad, Montana. Tammie attended the College of Great Falls and obtained her Associates Degree in Paralegal Studies in 1986. After graduation she started her career with Keil &

Christensen, P.C. and worked primarily in the fields of real estate law, corporate law, probate law, and taxation law from 1986 to 1991. In 1991, she stayed home to raise her children and contracted with small law firms in medical malpractice and personal injury. In 1995 - 2001, she worked at Jardine, Stephenson, Blewett & Weaver, P.C. in the areas of real estate law, corporate law, probate and taxation law. From 2001 to present, she rejoined the Keil Law Firm.

Tammie is an active member of the Montana Paralegal Association, Great Falls Chapter. She has served as the President for the State of Montana Paralegal Association. She was nominated as Chair for the Paralegal Section of the State Bar of Montana for the 2002 - 2003, 2003 - 2004 and 2004 - 2005 terms and served on the board of the Paralegal Advisory Committee for the University of Great Falls.

For more information, contact: John McCrea, Legal Services Developer at 1-800-332-2272

NEW BLIND LOW VISION PROJECT

The Montana Independent Living Project (MILP), Montana Blind and Low Vision Services (BLV), and the Northwest Lions Eye Bank are collaborating through a grant provided by the Montana Commission on Community Service to develop a plan of action to address the growing need in Montana for expanded services for blind and low vision populations in the state.

The major grant partners hired an independent project coordinator to facilitate the planning process, and convened a statewide steering committee to examine potential solutions to the blind/low vision needs in Montana, as well as to conduct a needs assessment of blind and low vision consumers in the state. Steering committee members represent a variety of project stakeholders, and include eye care specialists, independent living proponents, members of the Montana Association for the Blind, Area Agencies on Aging, the Lions Clubs of Montana, and concerned citizens with a stake in these issues.

The steering committee brainstormed a list of potential strategies to develop further blind/low vision services in Montana, and a variety of needs and barriers have been discussed. Blind and low vision needs in the state included: expanded information and referral services; assistive technology and equipment training; a blind and low vision information clearinghouse; a consumer needs assessment; transportation access; and more capacity for different organizations and agencies to work together within communities to increase access to existing services for blind and low vision Montanans.

The project requires a great deal of community input and collaboration. The project grant partners are trying to

incorporate as many different players in the blind/low vision field as possible. The key to success will be getting interested stakeholders to get involved at all levels of project planning – if you think this might be of interest to you or your agency, let us know! We are always looking for further input and participation.

In order to further develop these ideas, identify feasibility, and begin to fund and implement the project, the coordinator, Heather Tomlins, will be traveling around the state this winter and spring to gather comments on the proposed initiative, talk with current low vision service providers, and conduct a needs assessment among blind and low vision consumers to determine the level of interest in and need for the proposed services. The primary target of the needs assessment is older Montanans (55 and over) but will also include other blind and low vision individuals that utilize services or would like to.

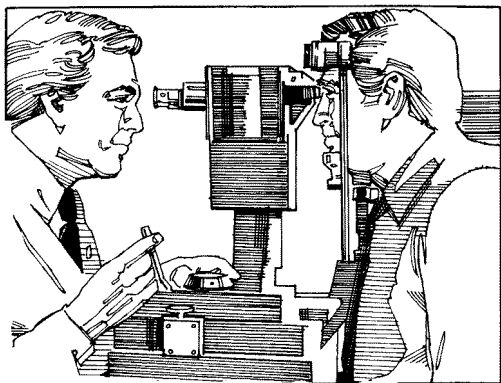
Heather is available to speak to groups or meet with agency or organization administrators, and is also looking to incorporate RSVP and Senior Companion volunteers to help her conduct a needs assessment. She has developed a consumer survey that will help measure interest and need level among those who experience visual impairment or know someone who does.

Heather has tentatively planned on the following schedule: January 26-29, 2005, Great Falls; February 9-12, Kalispell; February 16-18, Missoula; March 2-9, Eastern Montana, including Billings, Miles City, Sidney, and Glasgow; March 23-26, Havre region; April 6-9, Butte and Bozeman.

For more information, contact: Heather Tomlins at 461-4445 or milpheather@blackfoot.net

DIABETES AND YOUR VISION

Think about the last time you glanced out the window and saw a shower of golden leaves, a dazzling sunset, or an oncoming storm. Picture the face of your grandchild. What if you couldn't see these things?



If you have diabetes it's especially important that you take good care of your eyes, because diabetes can lead to blindness. In fact, diabetes, particularly diabetic retinopathy, causes most new cases of blindness among people ages 20 to 74. Other eye problems that are more common among diabetics are cataracts and glaucoma.

What does taking good care of your eyes mean? It means seeing an eye care professional for a dilated eye exam at least once a year or at the intervals suggested by your doctor. Even if you see perfectly well, it's still important to get this exam, because early diabetic eye disease may not cause symptoms. And it's precisely at this early stage when treatment has the best chance of preserving your vision.

Taking care of your eyes also means taking good care of the rest of you. See your regular doctor too, and follow his or her

advice on controlling your blood sugar level. Studies have shown that good blood sugar control slowed onset and progression of retinopathy, and lessened the need for laser surgery, which is one way severe retinopathy is treated.

MEDICARE ASSISTANCE

If you're worried about the added expense of seeing another provider besides your regular physician, you'll be glad to know that Medicare covers dilated eye exams for people with diabetes. In fact, Medicare pays for a good many diabetic services.

You can learn more about these in *Medicare Coverage of Diabetic Supplies and Services* (Pub. # 11022), which you can order at <http://www.medicare.gov/> or by calling 1-800-MEDICARE (1-800-633-4227). If you order by phone, you'll need to bypass the automated choices and speak directly with an agent, so as soon as you've followed instructions for choosing English or Spanish, press the number 0 to speak with a Medicare staff member.

ADDITIONAL ASSISTANCE

If you have diabetes and haven't had a dilated eye exam in three years or more, if you're 65 years old or older, and don't belong to an HMO or VA plan, you might be eligible for additional assistance from **Eyecare America**, a public service foundation of the American Academy of Ophthalmology. Under this plan you could be eligible for an eye exam and eye care at no cost for up to one year. Your Medicare co-payments and deductibles would be waived.

To see if you qualify, call Eyecare America at 1-800-272-EYES (3937).

Article provided by the Mountain-Pacific Quality Health Foundation

ELDERLY CARE TAX CREDIT

An individual may be eligible to receive a credit on his or her Montana tax return for paying certain health expenses incurred by an elderly family member who is 65 or older or who has been determined disabled for Social Security purposes.

The credit is limited to \$5,000 for a single qualifying family member, and \$10,000 for two or more family members. When the elderly care expenses are paid by more than

one family member, the maximum \$5,000 or \$10,000 credit must be prorated among the family members in the same proportion that their contribution bears to the total expenses.

If you are claiming as an itemized deduction Long-Term Care Insurance premiums, for coverage of an elderly parent, these premium payments cannot be included in the calculation of the Elderly Care Credit.

ELIGIBILITY CRITERIA

If the answer to any of the questions below is no, you are **not** eligible for the credit.

- Is the elderly person related to you by blood or by marriage?
- Is the elderly person at least 65 years old or has been determined disabled for Social Security purposes?
- Does the elderly person have gross income of \$15,000 or less? In the case of married individuals, is their combined gross income \$30,000 or less?
- Is your Montana adjusted gross income from Form 2 less than \$55,000 if you are filing joint or single? If you are filing married separate, is your Montana adjusted gross income less than \$27,500?

The credit is equal to 30% of qualifying expenses for taxpayers with adjusted gross income up to \$25,000; and is proportionately reduced to 20% of qualifying expenses for taxpayers with adjusted gross income over \$43,000. The credit is reduced by \$1 for each \$1 in excess of \$50,000 of adjusted gross income for the taxpayer receiving the credit.

Qualified elderly care expenses include the following expenses, if not compensated for by insurance:

- Homemaker services, adult day care and respite care services

- Health care equipment and supplies provided to a qualifying family member
- Care in a long-term health care facility that is licensed by the state
- Premiums paid for long-term care insurance coverage for a qualifying family member

Those wishing to receive the tax credit must complete and submit Form ECC with their 2004 tax return.

For more information, contact: the Department of Revenue at (406) 444-6900 or TDD (406) 444-2830.



IN THE OMBUDSMAN SPOTLIGHT

Comings and Goings

AREA II

Todd Wood has been hired as the new Regional Ombudsman for Area II. Todd was an Adult Protective Services worker for 15 years in Billings. His insights into working with APS will be most valuable to us.

Kathy Chaffee has been hired as the Local Ombudsman by the Yellowstone County Council on Aging. Kathy has worked in senior services for the past fifteen years. For seven of those years she worked with the foster grandparent program.

Our thanks and good luck to **Jean Steele**, Local Ombudsman in Billings. Jean was the first full-time Local Ombudsman in Billings. She has numerous projects on her retirement list, including volunteering to visit two nursing homes and an assisted living facility.

Area IV-V

Mary Ann Hayes has been hired as the new Regional Ombudsman for Areas IV and V and will be working out of Helena. Mary Ann previously worked for Youth Dynamics as an Area Coordinator and License Coordinator for therapeutic group homes. In addition, she worked with the Senior Companion Program in Helena.

For more information, contact: Kelly Moore, State Ombudsman at 1-800-332-2272/444-7785

ALZHEIMER'S CHAPTER SPRING CONFERENCE

The Alzheimer's Association Montana Chapter's spring conference is in Billings on March 17 & 18, 2005 at the Mansfield Health Education Center at 2900 12th Avenue North.

The conference theme is "**Unraveling Options For Alzheimer's Caregivers: One Size Does Not Fit All.**"

KEYNOTE SPEAKERS

Vicki Schmall, Ph.D., a gerontology and training specialist from Oregon

Dr. Loralu Raburn, founder of Clarity Endeavors from Texas.

Cost: \$75.00 for both days if you register by 2/28/05. Add \$10 after 2/28/05. Funding is available for respite and adult day care.

For more information, contact:
the Montana Chapter at 1-406-252-3053

MONTANA GERONTOLOGY SOCIETY CONFERENCE

The 23rd annual MGS conference will be held on April 26 and 27, 2005 at the Holiday Inn in Bozeman.

The conference's theme is "**Aging with Gusto! - Tools for Living Well.**" The conference will cover medical issues, caregiver support and healthy living. CEUs are available.



Keynote Speakers:

Gary Barg, Editor of Caregiver Magazine

Barry Baines, Attorney

Katherine Borgenicht, MD, Gerontologist

Registration for MGS Members: \$110

Non-member registration fee: \$140

For more information, contact:
Area IV Agency on Aging at 1-800-356-6544

2005 GOVERNOR'S CONFERENCE ON AGING
MAY 17-19 2005
HELENA MT

COLONIAL RED LION INN
1-800-325-4000

For more information, contact: Brian LaMoure at 1-800-332-2272



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